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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 06/22/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology

Description of the service or services in dispute:

Epidural Steroid Injection L5/S1 Fluoroscopy
IV sedation

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☐ Upheld (Agree)
☒ Overturned (Disagree)
☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The claimant is a female with complaints of acute onset of back, left buttock, and left leg pain following a work related injury on XX/XX/XX. The mechanism of injury was lifting boxes repetitively when noting a sudden pulling in her back radiating to her buttock and leg.

On XX/XX/XX, an MRI of the lumbar spine revealed minor thoracolumbar scoliosis with early disc desiccation at L5-S1 and a central disc bulge with inferior migration of disc material centrally at L5-S1, and early facet hypertrophic changes without stenosis.

An initial pain evaluation on XX/XX/XX revealed the patient complained of low back, left buttock, and left leg pain. She was ultimately referred for physical therapy, rehabilitative care, and medical treatment options, and then evaluated and recommended for epidural steroid injection therapy for persistent neuropathic pain, tenderness to the L4-5 and L5-1 interspace and pain with flexion. There was moderate left sciatic notch tenderness and no tenderness on the right. There was notable positive straight leg raising at sitting 60 degrees on the left and positive contralateral straight leg raise with reproduction of back pain on the right at 70 degrees. There was decreased pinprick in the L5 distribution. There was some mild weakness with plantarflexion, extensor hallucis longus normal. Deep tendon reflexes were normally reflexic.

On XX/XX/XX, the claimant underwent a lumbar epidural steroid injection.

In the XX/XX/XX follow-up note, the claimant presented, having more than 70% improvement in pain. She was still having some mild weakness in the L5 distribution but was walking with greater ease and was pleased with her progress following a single epidural block. She was getting fair to good relief with combination of neuropathic pain medicine and was no longer on narcotic analgesia as a result of the

injection therapy. Her sleep had improved with amitriptyline at night. She was still citing some anxiety requiring amitriptyline 20 mg at bedtime.

In the XX/XX/XX clinical note, the claimant is stated as morbidly obese. She was ASA 3 status and had continued use of narcotic analgesia for moderate to severe back, buttock, and leg pain, consistent with a lumbar disc disruption and lumbar radiculopathy due to previous denials of a repeat MRI injection. It was noted that the lumbar epidural steroid injection had already offered her significant 70% pain relief, improved function, with diminution of medication management.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The claimant complained of low back pain that radiated down the buttock and left leg. She had a previous lumbar epidural steroid injection on XX/XX/XX and was seen on XX/XX/XX reporting more than 70% improvement of pain. It was noted that she had no longer been on narcotic analgesia as a result of the injection therapy, and improved sleep, and was walking with improvement. She had less burning pain, shooting pain down her left buttock, and left leg overall. The Official Disability Guidelines do indicate that if after the initial block is given and found to produce pain relief of at least 50% to 70% for 6 to 8 weeks, additional blocks may be supported. The documentation provided for review does indicate that there is pain relief, decreased need for pain medication, and improved functional response as the claimant was able to walk with improvement, sleep better, and reduce medications. Therefore, the request for epidural steroid injection L5-S1 fluoroscopy with IV sedation is appropriate. The Official Disability Guidelines do state that routine use of sedation is not recommended except for patients with anxiety. The patient is documented to have had anxiety, therefore, IV sedation is appropriate. As such, the request is overturned.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and Guidelines
- ☐ European Guidelines for Management of Chronic Low Back Pain
- ☐ Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- ☐ Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)